

PROPOSAL SUMMARY

INDICATE THE POPULATIONS OF PEOPLE YOU WISH TO SERVE. **CHECK ALL THAT APPLY:**

- ☐ INTELLECTUAL DISABILITY/RELATED DISABILITY (ID/RD)
- ☐ AUTISM
- ☐ HEAD AND SPINAL CORD INJURY

INDICATE FOR EACH POPULATION OF PEOPLE, THE SERVICES YOU WISH TO PROVIDE:

ID/RD AND/OR AUTISM	HEAD AND SPINAL CORD INJURY
<input type="checkbox"/> FINANCIAL MANAGEMENT	<input type="checkbox"/> FINANCIAL MANAGEMENT
<input type="checkbox"/> SERVICE COORDINATION	<input type="checkbox"/> SERVICE COORDINATION
<input type="checkbox"/> EARLY INTERVENTION	
<input type="checkbox"/> RESIDENTIAL HABILITATION MODEL: <input type="checkbox"/> CTH I <input type="checkbox"/> CTH II <input type="checkbox"/> SLP I <input type="checkbox"/> SLP II	<input type="checkbox"/> RESIDENTIAL HABILITATION MODEL: <input type="checkbox"/> CTH I <input type="checkbox"/> CTH II <input type="checkbox"/> SLP I <input type="checkbox"/> SLP II
<input type="checkbox"/> DAY SERVICES TYPE: <input type="checkbox"/> DAY HABILITATION <input type="checkbox"/> PREVOCATIONAL <input type="checkbox"/> DAY ACTIVITY <input type="checkbox"/> CAREER PREPARATION <input type="checkbox"/> COMMUNITY SERVICES <input type="checkbox"/> SUPPORT CENTER	<input type="checkbox"/> DAY SERVICES TYPE: <input type="checkbox"/> DAY HABILITATION <input type="checkbox"/> PREVOCATIONAL
<input type="checkbox"/> EMPLOYMENT SERVICES: <input type="checkbox"/> SUPPORTED EMPLOYMENT <input type="checkbox"/> INDIVIDUAL COMMUNITY PLACEMENT <input type="checkbox"/> MOBILE WORK CREW/ENCLAVE	<input type="checkbox"/> EMPLOYMENT SERVICES: <input type="checkbox"/> SUPPORTED EMPLOYMENT
<input type="checkbox"/> HOME SUPPORTS: <input type="checkbox"/> RESPITE <input type="checkbox"/> ADULT COMPANION	<input type="checkbox"/> HOME SUPPORTS: <input type="checkbox"/> RESPITE <input type="checkbox"/> INDIVIDUAL REHAB SUPPORTS

Indicate the areas of the State in which you wish to provide services:

- ☐ Statewide
- ☐ In the following counties(list): _____

